REMARKS

Claims 1-7 are pending in this application. Claim 1 is amended herein. Support for the amendment to claim 1 may be found at page 28, lines 5-31 of the specification as filed originally, and in claim 2. Claims 6 and 7 are added herein. Support for new claims 6 and 7 may be found in the claims as filed originally. Reconsideration is requested based on the foregoing amendment and the following remarks.

Claim Rejections - 35 U.S.C. § 103:

Claims 1, 2, and 3 were rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,697,783 to Brinkman et al. (hereinafter "Brinkman") in view of U.S. Patent No. 6,038,566 to Tsai (hereinafter "Tsai"). The rejection is traversed. Reconsideration is earnestly solicited.

Claim 1 recites,

"accepting patient information from referrer medical institutions as patient referral sources."

Neither Brinkman not Tsai teach, disclose, or suggest, "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1. In Brinkman, rather, an *operator* provides the caller with medical, pharmaceutical, and/or health benefit advice based on an inquiry from the caller and the information stored on the system, rather than "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1. Neither a caller nor information stored on the system is a "referrer medical institution," as recited in claim 1. The operator in Brinkman, in fact, is generating the referrals, not the other way around. In particular, as described at column 4, lines 29-39:

> In accordance with the preferred embodiment of the present invention, a computer system contains one or more databases which include member profiles, clinical information and guidelines, pharmaceutical information and guidelines, health benefit information, and optional additional information. A caller establishes communication with the system, which automatically directs the caller to an operator who provides the caller with medical, pharmaceutical, and/or health benefit advice based on an inquiry from the caller and the information stored on the system.

Since, in Brinkman, an operator provides the caller with medical, pharmaceutical, and/or health benefit advice based on an inquiry from the caller and the information stored on the system, Brinkman is not "accepting patient information from referrer medical institutions as

patient referral sources," as recited in claim 1.

One problem with cases like Brinkman in which an operator provides the caller with medical, pharmaceutical, and/or health benefit advice, as described in the specification beginning at line 19 on page 1, is that she/he may first choose as the hospital for referral a hospital at which a doctor she/he knows is affiliated, or a hospital to which she/he has a personal connection. In other words, it is not always the case that the referral letter is written to the most appropriate hospital. And even if a operator is able to learn of a hospital having a specialist or testing equipment that is appropriate in light of the results of a patient examination, if it is the first time that the hospital making the referral is making a patient referral with that hospital, it will have difficulty identifying the section and doctor to whom the referral letter should be addressed, and will have trouble making contact in order to schedule an appointment.

The claimed invention, in contrast, may ameliorate the sorts of issues posed by cases like Brinkman in which an operator provides the caller with medical, pharmaceutical, and/or health benefit advice, as explained in the specification beginning at line 16 on page 3, by providing a health care information system that stores information on referee medical institutions that are relatively large or have specialists for certain diagnoses, treatments, or diseases; selects an appropriate referee medical institution based on examination information input by a doctor at a clinic or relatively small hospital; assists in the transmission of a referral letter from the medical institution making the reference; and also assists when a referee medical institution sends back a patient examination report. Thus, in the claimed invention, in contrast to Brinkman, an appropriate referee medical institution is selected based on examination information input by a doctor at a clinic or relatively small hospital, rather than by the operator. The risks of self-dealing, carelessness, or ignorance inherent in the operator-controlled referrals of Brinkman may be reduced thereby.

Neither of the other passages in Brinkman cited in the Office Action at page 3, paragraph 3(A)(i), at column 6, lines 63-67, or at column 7, lines 41-50, describe "accepting patient information from referrer medical institutions as patient referral sources," either.

Furthermore, in Brinkman, the *system* provides the client/operator with additional information from the member profile database 709 about the caller, as shown in Fig. 7, rather than "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1. Member profile database 709 is not a "referrer medical institution," as recited in claim 1. In particular, as described at column 9, lines 43-50:

If the system verifies that the caller is eligible to access the system, the system

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provides the client/operator with additional information from the member profile database 709 about the caller, such as the caller's name and dependent name(s), address, city, state, zip code, telephone number, health benefit plan information, prescription drug history, self-reported health information, and recent contact history.

Since, in Brinkman, the system provides the client/operator with additional information from the member profile database 709 about the caller, Brinkman is not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1.

Furthermore, in Brinkman, the *system* provides the client/operator the ability to access databases that store clinical information 710, pharmaceutical information 711, or health benefit information 712, as shown in Fig. 7, rather than "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1. Neither databases that store clinical information 710, pharmaceutical information 711, nor health benefit information 712 are "referrer medical institution," as recited in claim 1. In particular, as described at column 10, lines 30-40:

> Referring again to FIG. 7, the system also provides the operator the ability to access databases that store clinical information 710 such as clinical guidelines, rules, algorithms, operating protocols, and/or procedures to help the operator identify recommended forms of treatment, medications, or courses of action, and to thus counsel the caller accordingly; pharmaceutical information 711 such as prescription drug side effects and complications that may be associated with particular drugs or combinations of drugs; and health benefit information 712 such as insurance company rules, member information, and benefit plan resources.

The fact that the *system* provides the client/operator the ability to access databases that store clinical information 710, pharmaceutical information 711, or health benefit information 712, may also be seen clearly in the excerpt of Fig. 7 reproduced below.
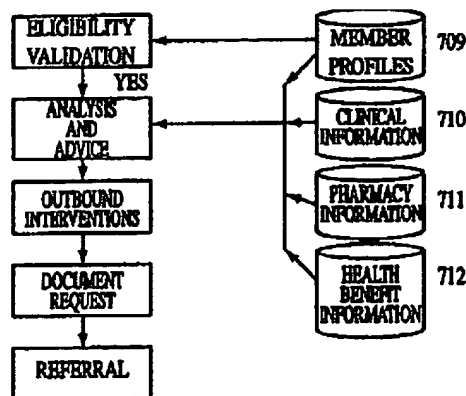

Since, in Brinkman, the system provides the client/operator the ability to access

databases that store clinical information 710, pharmaceutical information 711, or health benefit information 712, Brinkman is not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1.

Finally, in Brinkman the *operator* may determine that a referral is necessary, and generate a referral so that the caller may visit a participating provider, as shown in Fig. 11, rather than "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1. The operator in Brinkman, in fact, is generating the referrals, not the other way around. In particular, as described at column 10, lines 30-40:

> Depending on the nature of the advice provided to the caller, the operator may determine that a referral is necessary 1115, and generate a referral 1117 so that the caller may visit a participating provider. The system may optionally include a participating provider database 1119 to assist the operator in generating the referral.

The fact that the *operator* may determine that a referral is necessary, and generate a referral so that the caller may visit a participating provider, may be also seen clearly in the excerpt of Fig. 11 reproduced below.
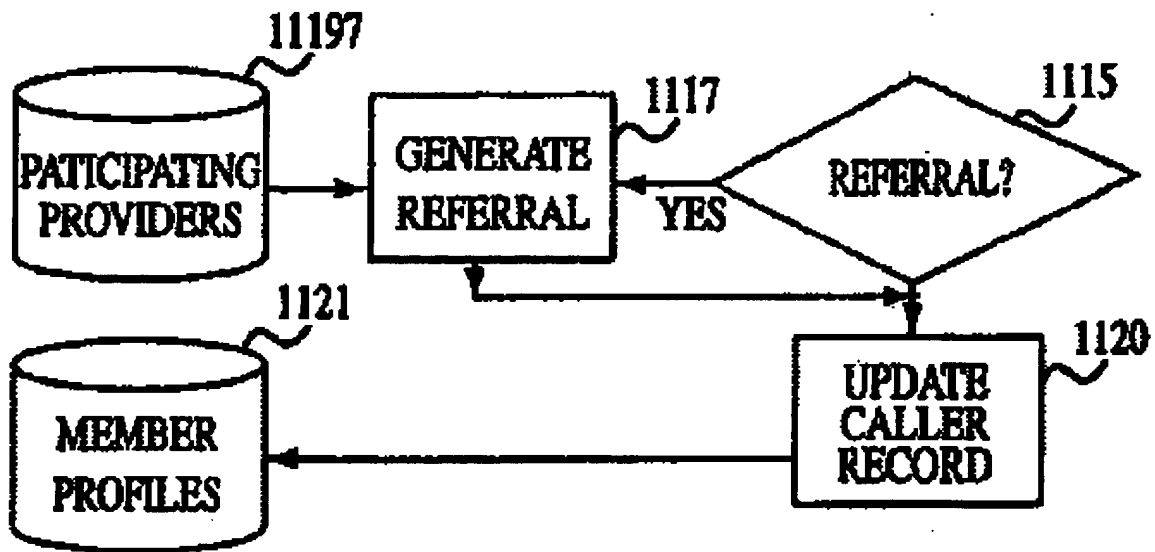
Since, in Brinkman, the *operator* may determine that a referral is necessary, and generate a referral so that the caller may visit a participating provider, Brinkman is not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1.

Claim 1 recites father,

"electronic patient charts are also prepared or updated at said referee medical institutions based on said referral information from said referrer medical institutions."

None of the cited references teach, disclose, or suggest, "electronic patient charts are also prepared or updated at said referee medical institutions based on said referral information from said referrer medical institutions." This allows the information about referred patients to be more accurately informed to the referee medical institutions based on the referral information mentioned above. Claim 1 is submitted to be allowable. Withdrawal of the rejection of claim 1 is earnestly solicited.

Claims 2 and 3 depend from claim 1 and add additional distinguishing elements. Claims 2 and 3 are thus also submitted to be allowable. Withdrawal of the rejection of claims 2 and 3 is earnestly solicited.

Claims 4 and 5:

Claims 4 and 5 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Brinkman and Tsai, and further in view of U.S. Patent No. 6,283,761 to Joao (hereinafter "Joao"). The rejection is traversed. Reconsideration is earnestly solicited.

Claims 4 and 5 depend from claim 1 and add additional distinguishing elements. Neither Brinkman nor Tsai teach, disclose, or suggest, "accepting patient information from referrer medical institutions as patient referral sources, as discussed above with respect to the rejection of claim 1. Joao does not either, and thus cannot make up for the deficiencies of either Brinkman or Tsai with respect to claims 4 and 5. Claims 4 and 5 are submitted to be allowable, for at least those reasons discussed above with respect to claim 1. Withdrawal of the rejection of claims 4 and 5 is earnestly solicited.

New Claims 7 and 8:

Claim 7:

Claim 7 recites,

"accepting patient information from a referrer medical institution as a patient referral source."

None of the cited references teach, disclose, or suggest, "accepting patient information from a referrer medical institution as patient referral source," as discussed above. Claim 7 is thus believed to be allowable.

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Claim 8:

Claim 8 recites,

"accepting patient examination information from a referrer medical institution as a patient referral source."

None of the cited references teach, disclose, or suggest, "accepting patient information from a referrer medical institution as patient referral source," as discussed above. Claim 7 is thus believed to be allowable.

Conclusion:

Accordingly, in view of the reasons given above, it is submitted that all of claims 1-7 are allowable over the cited references. Allowance of all claims 1-8 and of this entire application is therefore respectfully requested.

There being no further outstanding objections or rejections, it is submitted that the application is in condition for allowance. An early action to that effect is courteously solicited.

Finally, if there are any formal matters remaining after this response, the Examiner is requested to telephone the undersigned to attend to these matters.

If there are any additional fees associated with filing of this Amendment, please charge the same to our Deposit Account No. 19-3935.
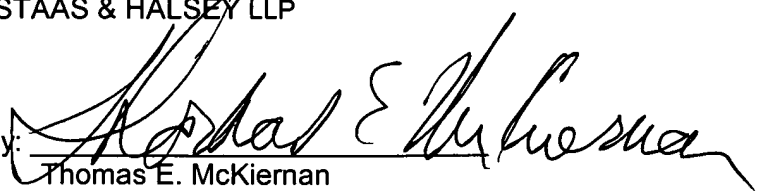
Respectfully submitted,

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